



# 2018 BUDGET SCORECARD

## PRIORITIES FOR HEALTH CARE CONSUMERS

Health, community, and consumer advocates urged the Legislature and Governor to include the following budget priorities in the final state budget.

#CARE4ALLCA STEPS TO UNIVERSALITY & AFFORDABILITY	ASSEMBLY	SENATE	FINAL BUDGET
<b>CARE4ALL CALIFORNIA – California can take meaningful steps toward universal coverage, without changes to federal law or federal waivers, by expanding Medi-Cal to be inclusive of undocumented adults, increasing affordability assistance in Covered California, and ending the senior penalty in Medi-Cal, and more:</b>			
<b>Expand Medi-Cal to All Low-Income Adults, Regardless of Immigration Status.</b> Under <a href="#">SB 75 (2015)</a> , all income-eligible kids have access to full-scope Medi-Cal. Yet 2.8 million Californians remain uninsured, and 58% are undocumented adults excluded from comprehensive Medi-Cal coverage. Health & immigrant advocates prioritized expanding Medi-Cal for undocumented young adults & seniors, to provide primary and preventive care, making our state and health system healthier. <i>Related: SB 974 (Lara), AB 2965 (Arambula), co-sponsored by California Immigrant Policy Center and Health Access California</i>	<b>\$250 Million</b> Ongoing Young Adults: ages 19-25	<b>\$75 Million</b> (2018-2019) <b>\$150 Million</b> Ongoing Elders: 65+	<b>\$0</b>
<b>Improve Covered California Premium Subsidies for Individuals Under 400% of the Federal Poverty Level (FPL).</b> Affordable Care Act subsidies have helped millions of people afford health coverage, but in our high cost of living state, more financial assistance is needed, with premiums costing up to 9.6% of income for someone making \$35,000-\$48,000 a year. This proposal would add state assistance on top of the federal ACA subsidies to improve premium affordability for the 1.2 million Covered California members, with incomes up to four times the poverty level and currently receiving subsidies. These Californians would see reduced premiums, down to \$0 at the lowest incomes. <i>Related: AB 2565 (Chiu); SB1255 (Hernandez)</i>	<b>\$300 Million</b> Ongoing for Premium Subsidies for those between 200-400% FPL		<b>\$0</b>
<b>Lower Co-Pays and Deductibles for Individuals Between 200-400% FPL.</b> High out-of-pocket costs for doctors' visits, prescription drugs, labs, and other services can prevent consumers, especially low-income people, from seeking care. Currently, people who make less than \$24,000 (200% FPL) get significant federal subsidies to lower their copays and deductibles in Covered California. Yet people who make just above that, up to \$48,000 (200% - 400% FPL) get little or no similar help. California should provide state-funded subsidies assistance to this population to further reduce deductibles, co-pays and other cost-sharing and could help 500,000 Covered California members afford their out-of-pocket costs. <i>Related: AB 3148 (Arambula); SB1255 (Hernandez)</i>			<b>\$0</b>
<b>Reduce Premiums to No More than 8% of Income for Individuals Above 400% of the FPL.</b> Individuals who make more than \$48,000 a year (400% FPL) do not qualify for federal subsidies to afford health coverage. For those without job-based coverage, they have to pay for the full cost of their premiums. In high-cost California, too many people just over this income threshold may have to choose between housing and health costs. California can help ensure no one spends more than 8% of their income on health insurance premiums, helping to reduce barriers to coverage for Californians earning just above the income threshold to qualify for subsidies. <i>Related: AB 2459 (Friedman); SB1255 (Hernandez)</i>	<b>\$200-\$250 Million</b> Ongoing for Premium Subsidies for those between 400-600% FPL		<b>\$0</b>

<p><b>End the “Senior Penalty” in Medi-Cal</b>, by aligning the income eligibility for the Medi-Cal Aged and Disabled program, which is now at 123% FPL, with the rest of Medi-Cal under age 65, which is at 138% FPL. Low-income seniors and people with disabilities between 123-138% FPL now face a high Medi-Cal share of cost of hundreds or thousands of dollars. Raising the income level to 138% FPL for all adults in Medi-Cal would ensure over 20,000 low-income California seniors &amp; people with disabilities can use the care provided by free full-scope Medi-Cal. <i>Related: AB 2430 (Arambula), sponsored by Western Center on Law and Poverty, Justice in Aging, and Disability Rights California.</i></p>	<p><b>\$30 Million</b> Ongoing</p>	<p><b>\$15 Million</b> (2018-2019) <b>\$30 Million</b> Ongoing</p>	<p><b>\$0</b></p>
<p><b>Enroll More Children in Medi-Cal through WIC Express Lane Eligibility.</b> Expedited Medi-Cal enrollment for those in the Women, Infants, and Children (WIC) program, and providing a presumptive eligibility to pregnant women applying for WIC, would make it easier to enroll thousands more who are eligible for Medi-Cal. <i>Related: AB 2579 (Burke), sponsored by Children Now and the Children’s Partnership.</i></p>	<p><b>\$26 Million</b> Ongoing</p>		<p><b>\$0</b></p>
<p><b>Prevent Premium Hikes by Continuing a California Alternative to the Affordable Care Act’s Individual Mandate.</b> The tax bill repealed the ACA’s individual mandate, so that starting in 2020, those who have access to affordable coverage but choose not to be insured no longer will face a penalty on their federal income tax returns. Estimates predict that premiums will rise as a result, with up to one million more Californians will become uninsured in the absence of an individual mandate. California could institute its own progressive alternative that raises money from these penalty payments for use towards improving affordability, and also help protect Californians from further premium increases.</p>			<p><b>\$0</b></p>
<p><b>ADDITIONAL STATE BUDGET PRIORITIES FOR HEALTH CARE CONSUMERS</b></p>	<p><b>ASSEMBLY</b></p>	<p><b>SENATE</b></p>	<p><b>FINAL BUDGET</b></p>
<p><b>Restore “Optional” Medi-Cal Benefits</b> (audiology, chiropractic, incontinence creams &amp; washes, podiatry, and speech therapy) that were eliminated in 2009 for fiscal, not policy, reasons. The Budget should also include funding for the optical benefit, which was restored last year, so Medi-Cal beneficiaries are able to access these services beginning January 1, 2020. <i>The Senate Proposal restores audiology, incontinence creams/washes, podiatry, and speech therapy. Accelerates Optical Benefit to January 1, 2019 implementation.</i></p>		<p><b>\$16.6M</b> (2018-2019) <b>\$41.4 M</b> Ongoing*</p>	<p><b>\$0</b></p>
<p><b>Establish an All-Payer Payments Database</b> to promote transparency in healthcare spending and allow the state to monitor trends in health care spending and pricing.</p>	<p><b>\$50 Million</b> Ongoing</p>		<p><b>\$60 Million</b> in one-time funding to implement database</p>
<p><b>Increase Access to Asthma Services for Medi-Cal Beneficiaries:</b> California Pan-Ethnic Health Network (CPEHN) proposes that California better deliver care for Medi-Cal beneficiaries with asthma by adopting policies to expand access to cost-effective preventative care and provide healthcare workforce opportunities for communities of color.</p>	<p><b>\$1M GF + Placeholder TBL</b> for Asthma Home Environmental Trigger Assessments</p>	<p><b>\$1M GF + Placeholder TBL</b> for Asthma Home Environmental Trigger Assessments</p>	<p><b>\$0</b></p>

<p><b>Fund Outreach and Enrollment:</b> Maternal and Child Health Access (MCH Access) proposes funding for outreach and enrollment for health programs to help consumers enroll in and retain health coverage and access medical services.</p>	<p><b>\$26.6 Million GF</b> until 2019-2020) +TBL</p>		<p><b>\$0</b></p>
<p><b>Support HIV/AIDS Prevention:</b> The California HIV Alliance proposes funding for HIV prevention to increase PrEP uptake and comprehensive prevention services, provide targeted HIV prevention services for transgender individuals, and educate medical providers about advancements in HIV prevention.</p>	<p><b>\$10M Ongoing + Placeholder TBL</b> for Grant Program to support HIV Prevention.</p>	<p><b>\$10M Ongoing + Placeholder TBL</b> for Grant Program to support HIV Prevention.</p>	<p><b>\$5 M</b> One-time funding for HIV/AIDS Prevention</p>
<p><b>Increase Hepatitis C Virus (HCV) Prevention:</b> The California Hepatitis Alliance proposes funding for HCV prevention, testing, and linkage to and retention in care to help prevent the spread of HCV in California.</p>	<p><b>\$6.6 M Ongoing + Placeholder TBL</b> to expand pilot for HCV prevention, testing, and linkage to care</p>	<p><b>\$6.6 M Ongoing + Placeholder TBL</b> to expand pilot for HCV prevention, testing, and linkage to care.</p>	<p><b>\$0</b></p>